

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AD FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT								
	DND	DEP	DND	DEP	DND	DEP		DND	DEP	DND	DEP	DND	DEP
1							31						
2							32						
3		2					33						
4		2					34						
5		2					35						
6		2					36						
7	1						37						
8	1						38						
9	1						39						
10	1						40						
11		1					41						
12		2					42						
13		2					43						
14	1						44						
15		1					45						
16		2					46						
17		2					47						
18	1						48						
19		1					49						
20		2					50						
21	1												
22		1											
23		2											
24		2											
25		3											
26		3											
27	1												
28	1												
29		2											
30		2											
31		2											
32	1												
33	1												
34		2											
35		2											
36		2											
37		2											
38	1												
39	1												
40		2											
41		2											
42		2											
43	1												
44	1												
45		2											
46		2											
47	1												
48	1												
49	1												
50	1												
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						